## L21000170498

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: K	ounty Boy Name of Limi	Z Firearms (	LC
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Steve	Name of Person	
		Firm/Company	
		uma Pines Dr	
	Orange	City/State and Zip Code  US ~ gmall. Con o be used for future annual report notification	OUT
	Sibrown E-mail address: (t	obe used for future annual report notification	on)
For further information c	oncerning this matter, please ca		
St-even Name o	Brown f Person	at (904) 508-5 Area Code Daytime Tele	5609 ephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corpora	
P.O. Box 632	7	The Centre of Talla	hassee
Tallahassee, I	「L. 34314	2415 N. Monroe Str	icci, suite o IV

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kountry Buyz Firearms LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{4}{13}$	and assigned
Florida document number <u>L 21 000 170 49 8</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- Company
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on our records, enter the	e name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
	1
, Floric	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of my duties, and the accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. being filed to merely reflect a change in the registered office address. I hereby confirm that the company has been notified in writing of this change.	l am familiar with and 5. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manage-	Steven Brown	Orange Park, F1, 3201	DAdd
			□Remove
		<del></del>	□Change
			□Add
			□Remove
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fan ef <u>Note:</u>	ive date, if other than the date of filing:
d is fi	
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	\ I

Filing Fee: \$25.00